

Instructions for the Monthly Utilization Report (MUR)

FINAL: Indicate if MUR is the final submission (**Final MUR should be submitted upon the completion and final payment of project**)

Reporting Period: The period for which the MUR payment information is being submitted

Project Name: The assigned project name as it is identified in the contract documents

Project Number: The assigned project number as it is identified in the contract documents

Project Location: The address or descriptive location of project work site

Projected Start Date: Notice to Proceed Date or date of work commencement

CSBE Project Measures: Percentage of measure applicable to this project (enter value in appropriate measure type)

Prime Contractor: Name of Awardee, Address and Phone Number

Contract Award Date: Date of contract award

Contract Award Amount: The dollar amount awarded in the contract documents

Change Order Amount: The total dollar value of all approved change orders

Contract Period: Total number of days of Contract as listed in contract documents and all approved Change Orders

% Complete To Date: The Proportion of work that has been completed for this project stated as a percentage

Completion Date: The anticipated date project will be completed

Amount Requisitioned this Period: The dollar amount billed to MDC for work performed during the listed reporting period

Date Requisitioned: The date requisitioned amount was submitted to MDC

Total Amount Requisitioned to Date: The total dollar amount requisitioned for work performed during reporting period

Last Payment by Miami Dade County (MDC): The last dollar amount paid to Prime by MDC for reporting period

Date of Last Payment by MDC: The date of the last payment by MDC for the reporting period

Was last MDC payment within 14 days of Prime's requisition: Check YES if payment by MDC was made within 14 days of prime's requisition; Check NO if payment by MDC was not made within 14 days of prime's **undisputed** requisition

Did last MDC Payment Equal Requisition Amount: If requisition was paid in full check YES; if requisition amount was not paid in full check NO and explain reasons for payment difference in space provided

Total Amount Paid by MDC: The total amount paid to date by MDC in reporting period for the reporting period

Name of CSBE: The legal name of all subcontractor(s) meeting a goal listed on the Prime's Schedule of Intent (SOI) or Set-aside List of Subcontractor(s)

Tier (1, 2, 3, 4): The level of subcontractor participation (Tier 1 = subcontractor has a contract with the Prime; Tier 2 = subcontractor has a contract with the Tier 1 Subcontractor; Tier 3 = Subcontractor has a contract with the Tier 2 subcontractor; Tier 4 = subcontractor has a contract with the Tier 3 subcontractor)

Contract Period: The anticipated start and end dates of the subcontractor(s)

Goal % If Applicable: The goal percentage that is being fulfilled by subcontractor(s)

Description of Work: A brief description of the scope of work to be performed by subcontractor(s)

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Signed Contract Agreement: Check if Prime has a signed contract agreement with subcontractor listed.

Contract Amount: The dollar value of Subcontractors' Agreement (if different from SOI, a new SOI must be submitted)

Amount Requisitioned this Period: Actual dollar amount requisitioned by the subcontractor(s) during the listed reporting period

Date of Requisition (from Sub): The date of the requisition submitted by subcontractor for payment during this submittal period

Amount Requisitioned to Date: Total dollar amount requisitioned as of reporting period by the subcontractor(s)

Last Payment: The last dollar amount paid to subcontractor(s) for the reporting period

Last Payment Date: The date of last payment of subcontractor(s) for the reporting period

Was last payment within 2 days of MDC payment to prime: "Y" for Yes if payment to subcontractor(s) was made within 2 days of MDC payment to prime; "N" for No if payment to subcontractor(s) was not made within 2 days of MDC payment to prime

Paid to Date: The total amount paid to the subcontractor(s)

Total: The total of each column where applicable

Executed by: The signature and printed name of the CEO, President, or an officer of the company, legally authorized to represent the prime

Date: Current Date

Phone: Phone number that signing officer may be reached

Sworn before me: Notary Information

MONTHLY UTILIZATION REPORT CSBE

FINAL



This report is required to be submitted by the tenth day or before of each month to Miami Dade County (MDC). If project has not started, enter anticipated start date in the space provided. Failure to comply may result in proceedings to impose sanctions, in addition to any other available legal remedy. Sanctions may include the suspending of any payment or part thereof, termination or cancellation of the contract, and the denial to participate in any future contracts awarded by MDC.

REPORTING PERIOD		PROJECT NAME:						%		CSBE PROJECT MEASURES	
TO :		PROJECT NUMBER:						PROJECTED START DATE:			
FROM:		PROJECT LOCATION:									

PRIME CONTRACTOR				CONTRACT AWARD DATE		CONTRACT AWARD AMOUNT		CHANGE ORDER AMOUNT		CONTRACT PERIOD		% COMPLETE TO DATE		COMPLETION DATE	
NAME:				PHONE:											
ADDRESS:															

AMOUNT REQUISITIONED THIS PERIOD: \$ _____		DATE REQUISITIONED: _____
TOTAL AMOUNT REQUISITIONED TO DATE: \$ _____		
LAST PAYMENT BY Miami Dade County (MDC): \$ _____		DATE OF LAST PMT BY MDC: _____
TOTAL AMOUNT PAID BY MDC: \$ _____		Was last MDC pmt. within 14 days of Prime's requisition? YES <input type="checkbox"/> NO <input type="checkbox"/>

DID LAST MDC PMT. EQUAL YES ☐

REQUISITION AMOUNT? NO ☐

IF NO PLEASE EXPLAIN: _____

COMMUNITY SMALL BUSINESS ENTERPRISE (CSBE) OPPORTUNITIES														
NAME OF CSBE	GOAL %	TIER 1, 2, 3, 4	CONTRACT PERIOD		DESCRIPTION OF WORK	SIGNED CONTRACT AGREEMENT <input checked="" type="checkbox"/>	CONTRACT AMOUNT	AMOUNT REQUISITIONED THIS PERIOD	DATE OF REQUISITION (FROM SUB)	AMOUNT REQUISITIONED TO DATE	LAST PAYMENT	LAST PAYMENT DATE	Was last pmt. within 2 days of MDC payment to Prime? (Y/N)	PAID TO DATE
			START DATE	END DATE										
						TOTAL								

Executed by:

Signature of Affiant

Printed Name of Affiant

Date _____ **Phone** _____

Sworn before me:

This _____ Day of _____ 20 _____

For DBD Use Only: CRC _____ MTA _____